

Volunteer Application

SPP USE ONLY:

Date Rec'd: _____

Volunteer ID # _____

Personal Information Notice

Pursuant to the Federal Privacy Act (PL 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The required personal information is voluntary. The principal purpose of the voluntary information is to facilitate the process of this application. The failure to provide all or any part of the requested information may result in the inability to process your application and background check, which is a requirement for all mentors. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular is responsible for maintaining volunteer records and will, upon receipt of a written request, provide information regarding records to individuals. Please address inquiries to:

Personal Information

Social Security Number	Date of Birth (MM/DD/YYYY)		Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
First Name	MI	Last Name	
Physical Address	City	State	Zip
Mailing Address	City	State	Zip
Home Telephone Number	Home E-mail address		
Ethnic Category (Please check the box that best describes your race/ethnicity):			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other, Specify:
CA Drivers License #	CA ID #		
Auto Insurance Co.	Policy Number		
Emergency Contact	Relationship	Home Phone	Work Phone

Employment Information

Are you currently employed by the Franchise Tax Board?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Year hired:	(4 digits)	Department Name:	
Work Phone	E-mail Address: (if not FTB employee)		Mail stop
Classification	CBID	Unit	Division/Bureau
Current Supervisor Name	Phone Number		
Employment Status (please select one of the following):			
<input type="checkbox"/> Student	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Permanent	
<input type="checkbox"/> Part-time (reduced schedule)	<input type="checkbox"/> Permanent Intermittent	<input type="checkbox"/> Retired	<input type="checkbox"/> Other:

Volunteer Information

Describe any previous volunteer experience you have had including experience working with youth?			
How did you learn about the FTB-Schools' Partnership Program? (Check all that apply):			
<input type="checkbox"/> Volunteer Orientation	<input type="checkbox"/> Co-worker	<input type="checkbox"/> Volunteer Coordinator	<input type="checkbox"/> FTB Net
<input type="checkbox"/> Awareness Fair	<input type="checkbox"/> Volunteer in the program	<input type="checkbox"/> Supervisor/Union Rep	<input type="checkbox"/> Other:

Volunteer Information (continued)

☐ Cantonese/Chinese/Mandarin ☐ Mien ☐ Russian ☐ Tagalog ☐ Other:
☐ Hmong ☐ Romanian ☐ Spanish ☐ Vietnamese ☐ None

Highest Level of Education (Please check one of the following):

☐ High School diploma/GED ☐ 2 + years of college ☐ Bachelor's Degree ☐ Doctorate
☐ Less than 2 years of college ☐ Professional/Technical ☐ Masters Degree ☐ Other:

Course of Study: _____ Career Focus: _____

Please check your interests or hobbies:

☐ Arts and Crafts ☐ Computers ☐ Reading ☐ Other:
☐ Clubs ☐ Performing Arts ☐ Sports/Athletics

What day of the week are you available to volunteer? (Check all that apply):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

What is the best time for you to volunteer? (Check all that apply):

☐ Mornings ☐ Afternoon ☐ Evenings ☐ Weekends

What volunteer/mentoring activities are you interested in? (Check all that apply):

Volunteer Activities

Mentoring

☐ Art ☐ Field Trip Chaperone ☐ Teacher's Assistant
☐ Career Counselor ☐ Guest Speaker ☐ Other:
☐ Computer Tutor ☐ Mock Interview
☐ Community Service ☐ Music
☐ Drama ☐ Physical Education

Elementary School Mentor
☐ Lunch Buddy
☐ Math Tutor
☐ Reading Tutor
☐ High School Mentor

FOR MENTORS ONLY

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Do you currently have any criminal charges pending against you? ☐ Yes ☐ No

Are you currently out on bail or on your own recognizance for any current arrest? ☐ Yes ☐ No

Are you currently under any formal or informal supervision, such as probation or parole, for a conviction of any state or federal violation? ☐ Yes ☐ No

Have you ever been disciplined, reprimanded, suspended, discharged, asked to resign from a job, or resigned under pressure? ☐ Yes ☐ No

Please provide the names and telephone numbers of 3 non-related individuals who would serve as character references.

	Name	Home Telephone	Work Telephone
1			
2			
3			

Certification - Please read before signing:

I certify that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the mentor program. I authorize the Franchise Tax Board or school district to conduct a background investigation and reference check to determine my eligibility to be a mentor in the

Signature _____

Date _____

Please return this application in an envelope marked "confidential" to the:

Program or Department Name
Street Address
City, Zip Code
Phone Number, Fax Number